



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ST DAVIDS HOSPITAL

Respondent Name

CITY OF AUSTIN

MFDR Tracking Number

M4-15-0695-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

October 20, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim was originally paid at an unknown rate. As a result of our 7/24/2013 refund in the amount of \$4,756.04, this claim has effectively been paid at 108% of the MS-DRG 460 allowable plus implants at cost plus 10% per implant line item (not to exceed \$1,000 per line item and not to exceed \$2,000 total). **However, according to Texas State Workers' Compensation Guidelines, this claim should be paid at 143% of the MS-DR 460 allowable. Please refer to the attached screenshot of output from the FY 2013 CMS Inpatient Prospective Payment System (IPPS) Pricer, showing the allowable amount for MS-DRG 460 as \$27,748.18. Not that 143% of that amount is \$39,3679.91 ...**

Please note that JI Specialty Services initially made three payments on the aforementioned claim: \$34,834.28, \$4,756.04, and \$511.10, for a total reimbursement amount of \$40,101.42. Upon auditing this account, our facility determined that it was overpaid in accordance with the Texas Workers' Compensation Guidelines. On 7/24/2013, we refunded \$4,756.04 to JI Specialty Services. However, that refund was erroneous. We should have refunded \$421.51. We are now requesting that \$4,154.53 of our refund be returned in order to bring total reimbursement on this claim to \$39,679.91, the correct reimbursement amount prescribed by the Texas Workers' Compensation Guidelines. "

Amount in Dispute: \$7,721.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Medical Fee Resolution contacted the carrier representative on March 11, 2015 for a response. Insurance carrier did not respond. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 19, 2012 to November 22, 2012	Inpatient Hospital Service	\$7,721.24	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired
 - W1 – Workers Compensation State Fee Schedule Adjustment
 - 937 – Service(s) are denied based on HB7 Provider timely filing requirement. A provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service
 - W3 – Additional payment made on appeal/reconsideration
 - 5104 – The reimbursement used for establishing the MAR is the Medicare Facility specific amount. Including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Inpatient prospective payment (IPPS) reimbursement formula and factors as published annually in the federal register

Issue

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?
3. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.
3. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is November 19, 2012 to November 22, 2012. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on October 20, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	<u>3/26/15</u> Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.